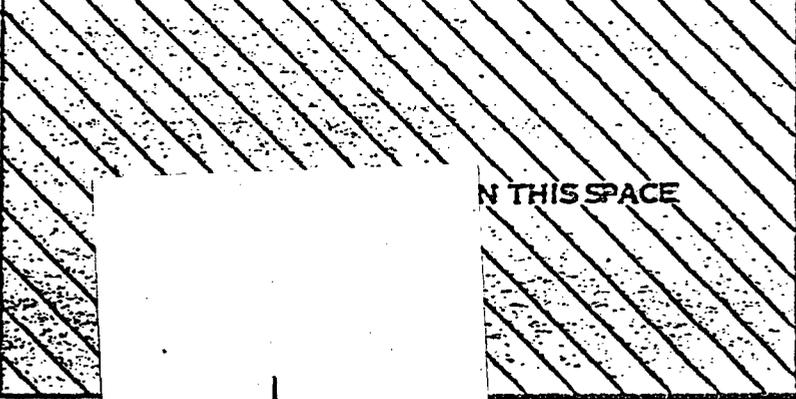


**I. EPA I.D. NUMBER**

**III. FACILITY NAME**

**V. FACILITY MAILING ADDRESS**

**VI. FACILITY LOCATION**



**GENERAL INSTRUCTIONS**

If a preprinted label has been provided it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data—appropriate fill-in area below. Also, if the preprinted data is absent (the area left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except V-B) must be completed regardless. Complete items if no label has been provided. Read the instructions for detailed information on definitions and for the local authorizations which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J. If you answer "yes" to any question, you must submit this form with the supplemental form if attached. If not attached, it is excluded from permit requirements.

**SPECIFIC QUESTIONS**

**A.** Is this facility a publicly owned water supply system which results in a discharge to waters of the U.S.? (FORM 2A)

**B.** Is this a facility which currently results in a discharge to waters of the U.S. other than that described in A or B above? (FORM 2C)

**C.** Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)

**D.** Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)

**E.** Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

	21	22	23
A			
B			
C	X		X
D		X	
E		X	

submit any permit application forms to the EPA. If you answer "yes" to a question, you must submit this form with the supplemental form if attached. If not attached, it is excluded from permit requirements. You may answer "no" if you are not required to submit any of these forms. You may answer "no" if you are not required to submit any of these forms. You may answer "no" if you are not required to submit any of these forms. You may answer "no" if you are not required to submit any of these forms.

**SPECIFIC QUESTIONS**

**F.** Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)

**G.** Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)

**H.** Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one-quarter mile of the well bore, underground sources of drinking water? (FORM 4)

**I.** Do you or will you inject at this facility fluids for industrial processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuels, or recovery of geothermal energy? (FORM 4)

**J.** Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)

**III. NAME OF FACILITY**

**T** GMC WHS & DISTRIB. DLV. - DENVER

**IV. FACILITY CONTACT**

**A. NAME & TITLE (last, first & title)** DAWSON WAYNE SR. ENGINEER

**B. PHONE (area code & no.)** 313 635 5474

**V. FACILITY MAILING ADDRESS**

**A. STREET OR P.O. BOX** 6060 W. BRISTOL RD.

**B. CITY OR TOWN** FLINT

**C. STATE** MI **D. ZIP CODE** 48554

**VI. FACILITY LOCATION**

**A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER** 4355 KEARNEY ST.

**B. COUNTY NAME** DENVER

**C. CITY OR TOWN** DENVER

**D. STATE** CO **E. ZIP CODE** 80217

**F. COUNTY CODE (if known)**

**I. LABEL ITEMS**

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

**PLEASE PLACE LABEL IN THIS SPACE**

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data in appropriate fill-in area below. Also, if the preprinted data is absent (the area left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item definitions and for the local authorizations which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to a question, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if you are not subject to the permit requirements in Section C of the instructions. See also Section II of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly-owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one-quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

**III. NAME OF FACILITY**

**1** GMC WNS & DISTRIB. DLV. - DENVER

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)

**2** DAWSON WAYNE SR. ENGINEER

B. PHONE (area code & no.)

**313** 635 5474

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX

**3** 6060 W. BRISTOL RD.

B. CITY OR TOWN

**4** FLINT

C. STATE

**MI**

D. ZIP CODE

**48554**

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

**5** 4355 KEARNEY ST.

B. COUNTY NAME

**DENVER**

C. CITY OR TOWN

**6** DENVER

D. STATE

**CO**

E. ZIP CODE

**80217**

F. COUNTY CODE (if known)

A. FIRST		B. SECOND	
7	5013 (specify) STORAGE - AUTO PARTS	7	(specify)
C. THIRD		D. FOURTH	
7	(specify)	7	(specify)

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also owner?	
GMC WHSG. & DISTRIBUTION DIV. FLINT		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)		D. PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE	M - PUBLIC (other than federal or state) O - OTHER (specify)	P (specify)	A 313 635 5474
E. STREET OR P.O. BOX			
6060 W. BRISTOL ROAD			

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
FLINT	MI	48554	Is the facility located on Indian land? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 NA	9 P NA
B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U NA	NA (specify)
C. RCRA (Hazardous Wastes)	F. OTHER (specify)
9 R NA	NA (specify)

XI. MAP  
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

FACILITY UTILIZATION IS PRIMARILY FOR STORAGE AND WHOLESALE DISTRIBUTION OF MOTOR VEHICLE PARTS AND ACCESSORIES.

XIII. CERTIFICATION (see Instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
	X L. B. KALIN	

COMMENTS FOR OFFICIAL USE ONLY

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